MP10 Rec'd PCT/PTO 19 DEC 2008

FORM PTO-1390 (REV. 10-2003)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER 10191/4127

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

10/561634

| INTERN | ATIO    | NAL A | APPL | ICATI | ON | NO. |
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| DOTON: | 300 470 | 0133  |      |       |    |     |

INTERNATIONAL FILING DATE

PRIORITY DATE CLAIMED:

PCT/DE2004/001234

18 June 2004 (18.06.04)

18 June 2003 (18.06.03)

TITLE OF INVENTION

METHOD AND DEVICE FOR ERROR DETECTION FOR A CACHE MEMORY AND CORRESPONDING CACHE MEMORY

APPLICANT(S) FOR DO/EO/US

## Reinhard WEIBERLE, Bernd MUELLER and Thomas KOTTKE

Applicants herewith submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- 1. It is a FIRST submission of items concerning a filing under 35 U.S.C. 371.
- 2. 

  This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.
- 3. In This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
- 4. E The US has been elected (Article 31).
- 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  $\square$  is attached hereto (required only if not communicated by the International Bureau).
  - b. E has been communicated by the International Bureau.
  - c.  $\square$  is not required, as the application was filed in the United States Receiving Office (RO/US).
- 6. An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).
  - a. Dis attached hereto.
  - b.  $\square$  has been previously submitted under 35 U.S.C. 154(d)(4).
- 7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a  $\square$  are attached hereto (required only if not communicated by the International Bureau).
  - b.  $\square$  have been communicated by the International Bureau.
  - c.  $\square$  have not been made; however, the time limit for making such amendments has NOT expired.
  - d. Ehave not been made and will not be made.
- 8. 

  An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
- 9. An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)) (unsigned)
- 10. 
  An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

## Items 11 to 20 below concern document(s) or information included:

- 11. An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
- 12. 

  An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
- 13. A preliminary amendment.
- 14. ☐ An Application Data Sheet under 37 CFR 1.76.
- 15. A Substitute Specification, and a mark-up copy thereof.
- 16. ☐ A power of attorney and/or change of address letter.
- 17. 

  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter. 2 and 37 CFR 1.821 1.825.
- 18. ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
- 19. A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
- 20. Other items or information: International Search Report (translated), Form PCT/RO/101, and Written Opinion of the International Searching Authority.

Express Mail No.: 21323021449

| U.S. APPLICATION NO. (if known_see 374CFR/1.5) AINTERNATIONAL APPLICATION NO.                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | ATTORNEY'S DOCKET NUMBER<br>10191/4127 |                     |                                         |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|---------------------|-----------------------------------------|--|--|--|--|
| 21.  The following for                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CALCULATIONS             | PTO USE ONLY                           |                     |                                         |  |  |  |  |
| BASIC NATIONAL I                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (1)-(5)):                |                                        |                     |                                         |  |  |  |  |
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| <ul><li>■ National Stage Search Fee\$400.00</li><li>■ National Stage Examination Fee\$200.00</li></ul>                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
|                                                                                                                                                                                                         | ENTER APPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$300.00                 |                                        |                     |                                         |  |  |  |  |
| Surcharge of \$130.00 ff from the earliest claims                                                                                                                                                       | or furnishing the oath of the detection | \$                       |                                        |                     |                                         |  |  |  |  |
| CLAIMS                                                                                                                                                                                                  | NUMBER FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER EXTRA             | RATE                                   |                     |                                         |  |  |  |  |
| Total Claims                                                                                                                                                                                            | 14 - 20 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                        | X \$50.00                              | \$ 0                |                                         |  |  |  |  |
| Independent Claims                                                                                                                                                                                      | 2 - 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                        | X \$200.00                             | \$ 0                |                                         |  |  |  |  |
| MULTIPLE DEPEND                                                                                                                                                                                         | ENT CLAIM(S) (if app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | olicable)                | + \$360.00                             | \$                  |                                         |  |  |  |  |
|                                                                                                                                                                                                         | TOTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 900.00                |                                        |                     |                                         |  |  |  |  |
| above are reduced b                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 77 CFR 1.27. The fees in | ndicated                               | \$                  |                                         |  |  |  |  |
|                                                                                                                                                                                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 900.00                |                                        |                     |                                         |  |  |  |  |
| 9                                                                                                                                                                                                       | .00 for furnishing the E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                       |                                        |                     |                                         |  |  |  |  |
| from the earliest claims                                                                                                                                                                                | ed priority date (37 CFI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 900.00                |                                        |                     |                                         |  |  |  |  |
| Fee for recording the en                                                                                                                                                                                | nclosed assignment (37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                       |                                        |                     |                                         |  |  |  |  |
| accompanied by an app                                                                                                                                                                                   | propriate cover sheet (3°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                        |                     |                                         |  |  |  |  |
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|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount to be             | \$                                     |                     |                                         |  |  |  |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        | Refunded: Charged   | \$900.00                                |  |  |  |  |
| a D A chaola in the                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | the chara food is a                    |                     | φ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ |  |  |  |  |
| <ul> <li>a. □ A check in the amount of \$ to cover the above fees is enclosed.</li> <li>b. ☑ Please charge my Deposit Account No. 11-0600 in the amount of \$900.00 to cover the above fees.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| -                                                                                                                                                                                                       | opy of this sheet is encl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | 10 1:1                                 |                     | •••                                     |  |  |  |  |
| c. In the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 11-0600. A duplicate copy of this sheet is enclosed.  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| d. $\Box$ Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card</b>                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| information s                                                                                                                                                                                           | should not be included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on this form. Provide    | credit card informa                    | ation and authoriza | ation on PTO-2038.                      |  |  |  |  |
| <b>-</b>                                                                                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 37 CFR 1.495 has not bee | n met, a petition to                   | revive (37 CFR 1.1  | 37(a) or (b)) must                      |  |  |  |  |
| be filed and granted to restore the application to pending status.  SEND ALL CORRESPONDENCE TO:  SEND ALL CORRESPONDENCE TO:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| KENYON & KENYON SIGNATURE                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| One Broadway  New York, New York 10004  One Broadway  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
| CUSTOMER NO. 2                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                        |                     |                                         |  |  |  |  |
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| FORM PTO-1390 (REV 10-20                                                                                                                                                                                | 003)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                        |                     |                                         |  |  |  |  |

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